

EL CERRITO HIGH SCHOOL BANDS TRIP EMERGENCY MEDICAL INFORMATION

Instructions: Please fill out this form completely and include any information or any special instructions you feel are necessary in case of an emergency. It is important that no spaces be left empty. Please make sure to include any medical history or conditions that are important to the health and wellbeing of your child while on this trip. Please print legibly!

Student Name: _____ **Date of Birth:** _____

Home Address: _____ **Home Phone:** _____

Parent/Guardian #1: _____

Phone: _____ **Work:** _____ **Cell:** _____

Parent/Guardian #2: _____

Phone: _____ **Work:** _____ **Cell:** _____

Other Emergency Contact: _____ **Phone:** _____

Second Emergency Contact: _____ **Phone:** _____

Physician Name: _____ **Phone:** _____

Insurance Name/Policy Number/Phone: _____

Allergies & Health (Please include food and drug allergies & health problems):

In case of emergency, clearly write medication instructions below. Describe condition medication is for.

(If more space is needed, please write on the back of this form)

I hereby give my consent to WCCUSD and its employees to authorize any emergency medical treatment while on this trip, including any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care needs to be rendered on the advice of any physician, surgeon, medical practitioner, or under provisions of the Dental Practice Act.

Parent/Guardian Signature

Date